**ANNEX B : CONFIRMATION BY HOSTING ORGANISATION**

**IMPORTANT:**

1. **This Annex B is only for credential applicants who are providing career advisory as a freelancer, or on a pro-bono basis.**
2. **The total number of clients and practice hours indicated below must tally with the figures declared in Section C (1) and (2) in Form 1.**
3. **Please attach a separate confirmation by hosting organisation if you have different engagements for the past 3 years.**
4. **Please note that, with effect from 01 Oct 2021, credential applications will be randomly selected for audit. Audit details will be shared only when you are selected. No sensitive client details will be required.**

I confirm that **(**Click here to enter text.**)** is / was engaged in the position of **(**Click here to enter text.**)** by this organisation from **(**Click here to enter a date. ***to*** Click here to enter a date.**)**

I also confirm that during the period from **(**Click here to enter a date. ***to*** Click here to enter a date.**), (**Click here to enter text.**)** has fulfilled the requirements for the credential application as indicated below:

**(1) Total Number of Unique Clients Served During the Period**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Individuals** | **Group** | **Total** |
| **Number of Clients** | Enter Number | Enter Number | Enter Number |

**(2) Total Number of Practice Hours Clocked During the Period**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mode** | **Contact** | **Non-Contact** | **Total** |
| **Number of Hours** | Enter Number | Enter Number | Enter Number |

|  |  |
| --- | --- |
| **Officer’s Comments (if any)** | Click here to enter text. |
| **Officer’s Name** | Click here to enter text. |
| **Officer’s Job Title**  | Click here to enter text. |
| **Officer’s Agency/Institution**  | Click here to enter text. |
| **Officer’s Contact Number** | Enter Number |
| **Officer’s Email**  | Click here to enter text. |
| **Officer’s Signature**  | Insert Signature |
| **Date**  | Click here to enter a date. |

**Company Stamp**: